

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention | [SIGHT PROTECTIVE COVER SYSTEM] | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------|-----------------|--|-------------|-------------|--------------------|-------------------|-----|------|---|---|------------------------|--|------|----|---|--|--|--|--------------------------------------|--|
| Application Number : Date : First Named Applicant: Mr. Donald J. Henry Attorney Docket Number: P04-04 | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 385 Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | |
| Filing as small entity BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table> | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001 | 385 | 385 | | | | Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 2001 | 385 | 385 | | | | | | | | | | | | | | | | | | |
| | | | Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 18</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 18 | 0 | 2202 | 9 | 0 | Independent Claims : 1 | 0 | 2201 | 43 | 0 | | | | Subtotal For Extra Claims Fees: \$ 0 | |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | |
| Total Claims : 18 | 0 | 2202 | 9 | 0 | | | | | | | | | | | | | | | | | |
| Independent Claims : 1 | 0 | 2201 | 43 | 0 | | | | | | | | | | | | | | | | | |
| | | | Subtotal For Extra Claims Fees: \$ 0 | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Credit account number: 1005 Expiration Date (YYYYMMDD): 2004-11-30 Authorized name: John J Elnitski Billing address: 16823 | | | | | | | | | | | | | | | | | | | | | |